



# REFERRAL FORM PHOENIX PROGRAM

Date: \_\_\_\_\_  
 Name of Student: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_ Phone#: \_\_\_\_\_

Mother: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_

Father: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_

**REFERRAL STATUS:** (Place the letter 'P' for the Primary reason for referral to Phoenix or the letter 'S' for Secondary reason for referral to Phoenix.)

Status Offender: \_\_\_\_\_ Runaway: \_\_\_\_\_ Truant: \_\_\_\_\_ Ungovernable: \_\_\_\_\_ Mental Health: \_\_\_\_\_  
 Drop Out: \_\_\_\_\_ Delinquent: \_\_\_\_\_ Pregnant: \_\_\_\_\_ Teen Parent: \_\_\_\_\_ Expelled/Suspended: \_\_\_\_\_  
 Academic Underachievement: \_\_\_\_\_ Physical Abuse: \_\_\_\_\_ Other: \_\_\_\_\_

**LAST SCHOOL ATTENDED:** \_\_\_\_\_ **LAST GRADE COMPLETED:** \_\_\_\_\_

**BRIEF HISTORY:** \_\_\_\_\_

LIST ALL AGENCIES/PERSONS INVOLVED PRESENTLY OR RECENTLY WITH THIS STUDENT:

DJJ Case Manager	Name: _____	Phone: _____
Probation Office	Name: _____	Phone: _____
Counselor/Therapist	Name: _____	Phone: _____
Family & Children Services	Name: _____	Phone: _____
Case Manager	Name: _____	Phone: _____
Other	Name: _____	Phone: _____

School Information: Check One: \_\_\_\_\_ Regular Class \_\_\_\_\_ IEP \_\_\_\_\_ 504 Plan